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### NOTICE OF ALLOWANCE AND FEE(S) DUE

7590

09/19/2007

Richard J. Minnich, Esq. Fay, Sharpe, Fagan, Minnich & McKee, LLP Seventh Floor 1100 Superior Avenue Cleveland, OH 44114

| NH         |
|------------|
| PER NUMBER |
|            |

DATE MAILED: 09/19/2007

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/699 261      | 10/31/2003  | Kevin M. Patfield    | LUTZ 2 00226        | 2038             |

TITLE OF INVENTION: AUTO-PROVISIONING FOR A VOICE OVER IP GATEWAY

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1400        | \$300               | \$0                  | \$1700           | 12/19/2007 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED</u>. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885

or <u>Fax</u>

| nnronriate All further                                                | correspondence includited below or directed other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ng the Patent advance of                                | rders and notification of n  i) specifying a new corres                                                                                                                           | naintenance fees w<br>pondence address;                                                       | and/or           | mailed to the current<br>(b) indicating a sepa   | correspondence address as                                                                |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------|--------------------------------------------------|------------------------------------------------------------------------------------------|
| CURRENT CORRESPOND                                                    | ENCE ADDRESS (Note: Use Bl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | lock 1 for any change of address)                       | Fee(                                                                                                                                                                              | s) Transmittal. Thi                                                                           | s certif         | icate cannot be used f                           | or domestic mailings of the<br>for any other accompanying<br>ent or formal drawing, must |
| Seventh Floor                                                         | nich, Esq.<br>gan, Minnich & Mcl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <sup>0/2007</sup><br>Kee, LLP                           | Lhe                                                                                                                                                                               | Cer<br>eby certify that th                                                                    | tificate         | of Mailing or Trans                              |                                                                                          |
| 1100 Superior A<br>Cleveland, OH 4                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                                                                                                                                                   |                                                                                               |                  |                                                  | (Depositor's name)                                                                       |
| Ciovolana, Cir                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                                                                                                                                                   |                                                                                               |                  |                                                  | (Signature)                                                                              |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                                                                                                                                                   |                                                                                               |                  |                                                  | (Date)                                                                                   |
| APPLICATION NO.                                                       | FILING DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -                                                       | FIRST NAMED INVENTOR                                                                                                                                                              |                                                                                               | АТТО             | RNEY DOCKET NO.                                  | CONFIRMATION NO.                                                                         |
| 10/699,261                                                            | 10/31/2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         | Kevin M. Patfield                                                                                                                                                                 |                                                                                               | 1                | LUTZ 2 00226                                     | 2038                                                                                     |
| TILE OF INVENTION                                                     | : AUTO-PROVISIONIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NG FOR A VOICE OVE                                      | R IP GATEWAY                                                                                                                                                                      | · · · · · · · · · · · · · · · · · · ·                                                         |                  |                                                  |                                                                                          |
| APPLN. TYPE                                                           | SMALL ENTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ISSUE FEE DUE                                           | PUBLICATION FEE DUE                                                                                                                                                               | PREV. PAID ISSUI                                                                              | E FEE            | TOTAL FEE(S) DUE                                 | DATE DUE                                                                                 |
| nonprovisional                                                        | NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$1400                                                  | \$300                                                                                                                                                                             | \$0                                                                                           |                  | \$1700                                           | 12/19/2007                                                                               |
| EXAM                                                                  | INER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ART UNIT                                                | CLASS-SUBCLASS                                                                                                                                                                    |                                                                                               |                  |                                                  |                                                                                          |
| SMITH, CRI                                                            | EIGHTON H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2614                                                    | 370-352000                                                                                                                                                                        |                                                                                               |                  |                                                  |                                                                                          |
| CFR 1.363).  Change of corresp Address form PTO/SI  "Fee Address" ind | ondence address or indication<br>ondence address (or Changles) attached.<br>ication (or "Fee Address) or more recent) attach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ange of Correspondence                                  | For printing on the p     (1) the names of up to or agents OR, alternative     (2) the name of a single registered attorney or a 2 registered patent attollisted, no name will be | 3 registered paten<br>yely,<br>e firm (having as a<br>gent) and the nam<br>meys or agents. If | t attorr<br>memb | era 2                                            |                                                                                          |
| . ASSIGNEE NAME A                                                     | ND RESIDENCE DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | A TO BE PRINTED ON                                      | THE PATENT (print or typ                                                                                                                                                          | e)                                                                                            |                  |                                                  |                                                                                          |
| PLEASE NOTE: Unl                                                      | less an assignee is ident<br>h in 37 CFR 3.11. Com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | tified below, no assignee pletion of this form is NO    | data will appear on the pa<br>T a substitute for filing an                                                                                                                        | atent. If an assign<br>assignment.                                                            | ee is ic         | dentified below, the de                          | ocument has been filed for                                                               |
| (A) NAME OF ASSIG                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                       | (B) RESIDENCE: (CITY                                                                                                                                                              |                                                                                               |                  |                                                  |                                                                                          |
| Please check the appropr                                              | iate assignee category or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | r categories (will not be pr                            | rinted on the patent):                                                                                                                                                            | Individual Co                                                                                 | orporati         | on or other private gro                          | oup entity Government                                                                    |
|                                                                       | are submitted:  No small entity discount processes to the | permitted)                                              | D. Payment of Fee(s): (Plea<br>A check is enclosed. Payment by credit car<br>The Director is hereby<br>overpayment, to Depo                                                       | d. Form PTO-2038                                                                              | is atta          | iched.<br>required fee(s), any de                |                                                                                          |
| a. Applicant claim                                                    | tus (from status indicate<br>s SMALL ENTITY stati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | us. See 37 CFR 1.27.                                    | ☐ b. Applicant is no long                                                                                                                                                         |                                                                                               |                  |                                                  |                                                                                          |
| NOTE: The Issue Fee an nterest as shown by the                        | d Publication Fee (if req<br>records of the United Sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | uired) will not be accepte<br>ates Patent and Trademark | d from anyone other than to Office.                                                                                                                                               | he applicant; a regi                                                                          | stered :         | attorney or agent; or th                         | he assignee or other party in                                                            |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                                                                                                                                                   | Date                                                                                          |                  |                                                  |                                                                                          |
| Typed or printed nam                                                  | e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |                                                                                                                                                                                   | Registration N                                                                                | lo               |                                                  |                                                                                          |
| This collection of inform                                             | ation is required by 37 (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CFR 1.311. The information                              | on is required to obtain or r                                                                                                                                                     | etain a benefit by t                                                                          | he pub           | lic which is to file (and to complete, including | d by the USPTO to process)                                                               |

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO.    | FILING DATE            | FIRST NAMED INVENTOR    | ATTORNEY DOCKET NO. | CONFIRMATION NO |  |
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| 10/699,261         | 10/31/2003             | LUTZ 2 00226            | 2038                |                 |  |
| 759                | 90 09/19/2007          | EXAM                    | INER                |                 |  |
| Richard J. Minnic  | ch. Esa.               | SMITH, CREIGHTON H      |                     |                 |  |
|                    | , Minnich & McKee, LLP | ART UNIT                | PAPER NUMBER        |                 |  |
| Seventh Floor      |                        |                         | 2614                |                 |  |
| 1100 Superior Aver |                        | DATE MAILED: 09/19/2007 |                     |                 |  |
| Cleveland OH 441   | 14                     |                         |                     |                 |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 992 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 992 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.